

Case Number:	CM14-0066578		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2013
Decision Date:	09/15/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female who reported an injury due to cumulative trauma on 05/09/2013. On 04/02/2014, her diagnoses included tension headache, cervical disc displacement with herniated nucleus pulposus (HNP), right shoulder internal derangement, bilateral wrists ganglion cysts, low back pain, right hip pain, right ankle Achilles tendinitis, hypertension, abdominal pain, and mood disorder. She described frequent to constant moderate to severe headaches rated as 5/10 to 9/10. Her complaints also included burning radicular neck pain with muscle spasms greater on the right side, burning right shoulder pain radiating down to the fingers with muscle spasms, burning bilateral wrist and pain with muscle spasms, burning radicular low back pain with muscle spasms, burning right hip pain, burning right ankle pain with muscle spasms, as well as stress, anxiety, insomnia, and depression brought on by chronic pain. There was no rationale included in the injured worker's chart. A Request for Authorization dated 02/13/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) prescription of Topical Compounded Ketoprofen 20% 120 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including NSAIDs. There is no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac), which is indicated for relief of osteoarthritis pain in joints. Ketoprofen is not currently FDA approved for topical application. It has an extremely high incidence of photocontact dermatitis. Additionally, the body part or parts to which this cream should have been applied was not included in the request. Furthermore, there was no frequency of application included within the request. Therefore, this request for 1 prescription of topical compounded Ketoprofen 20% 120 grams is not medically necessary.

One (1) prescription of Topical Compounded Cyclophene 5% 120 gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including muscle relaxants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There was no documentation of failed trials of antidepressants or anticonvulsants. There is no evidence for use of any muscle relaxant as a topical product. Additionally, the body part or parts to which this cream should have been applied was not included in the request. Furthermore, there was no frequency of application included in the request. Therefore, this request for 1 prescription of topical compounded Cyclophene 5% 120 grams is not medically necessary.

Fanax 25 mg/1ml. oral suspension QTY: 420 milliliters: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) ; Gabapentin (Neurontin) Page(s): 16-22; 49.

Decision rationale: Per the California MTUS Guidelines, antiepileptic drugs are recommended for neuropathic pain. Most randomized control trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. During treatment there should be documentation of pain relief and improvement in function, as well as documentation of side effects occurred with their use. Gabapentin specifically has been considered as a first line treatment for neuropathic pain. Gabapentin has also been recommended for complex regional pain syndrome. There is no documentation that the injured worker has complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no documentation submitted explaining why the injured worker needed a liquid form of this medication rather than a generic pill form and there was no frequency of administration included with the request. Therefore, this request for Fanatrex 25 mg/1 mL oral suspension quantity 420 mL is not medically necessary.